

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212540633				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE TRAVELERS INDEMNITY COMPANY OF AMERICA</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA 23219</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CT</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2012</p> <p>SCC ID NO: F0208563</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>175,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	175,000
CLASS	AUTHORIZED					
COMMON	175,000					
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: ONE TOWER SQ CITY/ST/ZIP: HARTFORD, CT 06183 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRIAN W MACLEAN TITLE: CHAIRMAN/P/CEO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRIAN W MACLEAN TITLE: CHAIRMAN/P/CEO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: BRIAN W MACLEAN TITLE: CHAIRMAN/P/CEO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GREGORY C TOCZYDLOWSKI TITLE: EXEC VP-PER LN ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GREGORY C TOCZYDLOWSKI TITLE: EXEC VP-PER LN ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: GREGORY C TOCZYDLOWSKI TITLE: EXEC VP-PER LN ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SMITESH DAVE TITLE: VP/CORP ACTUARY ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SMITESH DAVE TITLE: VP/CORP ACTUARY ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: SMITESH DAVE TITLE: VP/CORP ACTUARY ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WENDY C SKJERVEN TITLE: CORPORATE SEC ADDRESS: 385 WASHINGTON ST CITY/ST/ZIP/CO: ST. PAUL, MN 55102 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WENDY C SKJERVEN TITLE: CORPORATE SEC ADDRESS: 385 WASHINGTON ST CITY/ST/ZIP/CO: ST. PAUL, MN 55102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: WENDY C SKJERVEN TITLE: CORPORATE SEC ADDRESS: 385 WASHINGTON ST CITY/ST/ZIP/CO: ST. PAUL, MN 55102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARIA OLIVO TITLE: EVP/TREASURER ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017-2630 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARIA OLIVO TITLE: EVP/TREASURER ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: MARIA OLIVO TITLE: EVP/TREASURER ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAY S BENET TITLE: VC/CFO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAY S BENET TITLE: VC/CFO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: JAY S BENET TITLE: VC/CFO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					

NAME:	WILLIAM H. HEYMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR/CIO		
ADDRESS:	485 LEXINGTON AVENUE		
CITY/ST/ZIP/CO:	SUITE 400 NEW YORK, NY 10017-2630		
NAME:	DOREEN SPADORCIA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	KENNETH F. SPENCE, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/GEN CNSL		
ADDRESS:	385 WASHINGTON STREET		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55102		
NAME:	D. KEITH BELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, ACCT PLCY		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	ANDY F. BESSETTE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CAO		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	CHARLES J CLARKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	JOHN P. CLIFFORD, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP, HR		
ADDRESS:	385 WASHINGTON STREET		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55102		
NAME:	WILLIAM E. CUNNINGHAM, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP, BI		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	WILLIAM P. HANNON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/BUS CON OFF		
ADDRESS:	485 LEXINGTON AVENUE		
CITY/ST/ZIP/CO:	SUITE 400 NEW YORK, NY 10017-2630		
NAME:	MADELYN J. LANKTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CIO		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	DOUGLAS K. RUSSELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CONTROLLER		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06185		

NAME: SCOTT W. RYNDA TITLE: SVP, CORP TAX ADDRESS: 385 WASHINGTON STREET CITY/ST/ZIP/CO: ST. PAUL, MN 55102	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ALAN D. SCHNITZER TITLE: VICE CHAIR/CLO ADDRESS: 485 LEXINGTON AVENUE CITY/ST/ZIP/CO: SUITE 400 NEW YORK, NY 10017-2630	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ CHARLES J CLARKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES J CLARKE, VICE CHAIR PRINTED NAME AND CORPORATE TITLE
10/22/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	